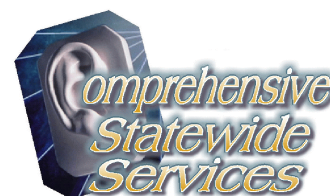


OFFICE OF THE STATE COORDINATOR

Services to People who are Deaf, Hard of
Hearing, Late Deafened, or DeafBlind



VIRGINIA DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION, AND SUBSTANCE ABUSE SERVICES



Premiere Issue

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LOOK FORWARD TO THE NEXT ISSUE: FALL, 2002

- **Specialized Provider Active Server Page to be set up.**
- **Announcing New Specialized Positions Established at Community Services Boards**
- **Revised Department Instruction to Mental Health Facilities and Training Centers**

Welcome to this first issue of the Quarterly Report! This report was created in response to requests from interested individuals to periodically inform the community of events that are taking place in the Department and public mental health system to more effectively serve people who are deaf, hard of hearing, late deafened, or deafblind.

This first issue will focus on describing

some of the first two years of the State Coordinator's activity, full-time, primarily addressing key policy and resource issues to ensure access to public services for people who are deaf, hard of hearing, late deafened, or deafblind.

This policy activity includes developing guidelines for Community Services Boards, mental health facilities and training centers emphasizing the importance of direct communication with

consumers and appropriate use of support services, such as interpreters.

We hope you will find this issue informative and enlightening.

Please feel free to contact the State Coordinator with any questions you may have.

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Website:
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Substance Abuse Service Training

The Department is providing training to Regional Coordinators and Sign Language Interpreters to improve services to people who are in need of substance abuse services:

Atlantic Addiction
Technology Transfer
Center.

For Interpreters and Substance Abuse Counselors

Building Rapport: Sign
Language Interpreters
& Substance Abuse
Counselors - A One
Day Intensive Precon-
ference training with
VRID and VAD – May
17th, 2002.

For Regional Coordinators

Substance Abuse
Screening and Assess-
ment Training, August,
2001 with the Mid-

For Substance Abuse Counselors:

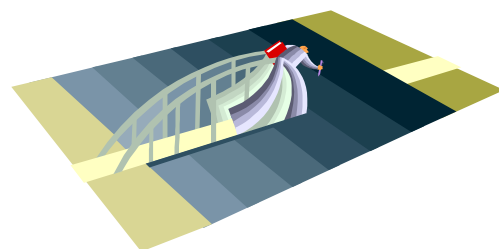
In Development: Cur-
riculum on how to
better serve people
who are deaf, hard of
hearing, late deaf-
ened, or deafblind.

Profile: Randy Myers, State Coordinator

For the past two years, I have served as the State Coordinator of Services to People who are Deaf, Hard of Hearing, Late Deafened, and DeafBlind at the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services in Richmond. Since 1985, I have been a social work therapist in Massachusetts and Maryland and Illinois' State Coordinator. In 1995, I completed the editing of the Standards of Care for the Delivery of Mental Health Services to Deaf and Hard of Hearing Persons (available online: <http://www.deafhoh-health.org/resources/mhstandards/>)

that was published through the National Association of the Deaf. More recently, I co-authored a chapter on *Hearing Children of Deaf Parents: Interventions from Bicultural, Social, and Developmental Perspectives* published in a book entitled Psychotherapeutic Interventions Within the Deaf Community, edited by Irene Leigh, Ph.D. (1999). I have recently completed my doctorate through the Union Institute in Mental Health Policy focusing on access to mental health services for people who are deaf, hard of hearing, late deafened, and deafblind.

My role as State Coordinator mainly involves 1. policy and resource development and 2. providing consultation and technical assistance on Deafness-related mental health, mental retardation, and substance abuse issues to Department facilities, Community Services Boards, providers, family members, and consumers. I will be describing some of that work here in this first issue of the Statewide Services Newsletter.



Building New Bridges

Thank You to the Advisory Council

On behalf of the Department, I want to thank the members (See next page) of the Advisory Council (AC) who meet four times a year in Richmond to advise the Department on service issues. The AC has worked with DMHMRSAS for over 15 years and has been instrumental in the es-

tablishment of specialized services in Virginia. A sincere Thank You for your commitment and dedication!

I would also like to take this opportunity to acknowledge and thank the Regional Coordinator/Clinicians for their professional commitment and the

hard and diligent work they do ensuring that Virginians who are deaf, hard of hearing, late deafened, or deafblind have accessible services available in their regions.

Advisory Council, Services for People Who Are Deaf, Hard of Hearing, Late Deafened, or DeafBlind

Paige Berry, Virginia Association of DeafBlind

Barbara Haskins, Mental Health Center for the Deaf

Jill Kaplan, Psychiatric Rehabilitation Services, Inc.

Mary King, Hampton-Newport News CSB

Laurie Malheiros, VDDHH

Lisa Marshall, Virginia Treatment Center for Children

Eileen Murphy-Meyer, Richmond Public School Hearing Impaired Program

Mary Nunnally, Department of Rehabilitative Services

Susan Olson, Department for the Blind and Vision Impaired

Lissa Power-deFur, Virginia Department of Education

Arva Priola, Rappahannock Self Help for Hard of Hearing People; The disAbility Resource Center

Natalie Rinker, Northern Virginia Mental Health Institute

Don Roe, Commonwealth Center for Children & Adolescents

Wanda Saner, Mental Health Center for the Deaf

Sally J. Tanner, Virginia Association of the Deaf

Joe Thompson, Virginia School for the Deaf and Blind-Staunton

Dana Traynham, Department for Rights of Virginians with Disabilities

Allison Weippert, Virginia Registry of Interpreters for the Deaf

Susanne Wilbur, Children, Youth, and Family Services, Charlottesville

Rich Willis, Mental Health Center for the Deaf

Regional Coordinators

Kathryn Baker, Valley CSB

Michael Bush, Cumberland Mountain Community Services

Jeffrey Christensen, Blue Ridge Behavioral Healthcare

Rebecca Ebeling, Fairfax/Falls Church CSB

Emmett Jones, Deaf and Hard of Hearing CCS

Dominique McLaughlin, Hampton-Newport News CSB



Committees

In addition to the Advisory Council, several committees have been established to help inform the policy planning process for Deaf Services in Virginia. If you are interested in joining any of these committees and/or finding out what the issues are, please contact the State Coordinator.

State Coordinator Committees

- Interpreter Committee
- Hard of Hearing-Late Deafened-Cochlear Implant Committee

Advisory Council Committees

- Substance Abuse Subcommittee
- Children and Adolescent Subcommittee

Dr. Rich Willis, Chair

Becky Ebeling, Chair

Policy Page

FY 2002 Community Services Performance Contract Attachment 5.4.4: Access to Services for Individuals who are Deaf, Hard of Hearing, Late Deafened, or Deafblind

Policy

Existing Language: The Board shall, to the extent practicable, ensure the delivery of services in a manner that is comprehensible by its consumers. This includes communicating orally and in writing in their primary languages, including Braille and American Sign Language where necessary, and at appropriate reading comprehension levels. The Board shall, to the greatest extent practicable, develop and implement procedures to ensure access to mental health, mental retardation, and substance abuse services needed by individuals who are deaf, hard of hearing, late deafened, or deafblind, in accordance Attachment 5.4.4 to this contract.

New Language: The Board shall, to the greatest extent practicable, develop and implement procedures to ensure access to mental health, mental retardation, or substance abuse services needed by individuals who are deaf, hard of hearing, late deafened, or deafblind. These procedures should be consistent with applicable provisions of the Americans with Disabilities Act and State Board policy. These proce-

dures should assure the delivery of culturally competent services in a manner comprehensible and usable by consumers who are deaf, hard of hearing, late deafened, or deafblind.

Access to services for these individuals can occur through referral to service providers with staff who can communicate directly with the consumer in his preferred language and who have knowledge of the deaf culture, psychosocial needs specific to hearing loss, needed resources, and available supports. Access can also occur through utilizing support services, such as sign language interpreters or assistive listening devices, to facilitate communication when services are delivered to these individuals. Complex consumer needs, consumer choice, and availability of resources often require mixed uses of both approaches.

The Board should identify and develop a working relationship with the Regional Deaf Services Program and the Regional Deaf Services Coordinator that serve the Board's service

area and collaborate with them on the provision of appropriate, linguistically and culturally competent services, consultation, and referral for individuals who are deaf, hard of hearing, late deafened, or deafblind.

Policy Explanation

Community Services Boards (CSBs) that provide outpatient services in Virginia obtain a large part of their funding from the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS). The Performance Contract defines how these funds will be used and relationships with the Department. The existing contract language (shown in the box at left) was further defined, for the first time, in Attachment 5.4.4 of the Performance Contract. Its purpose is to help CSBs better understand their role in making services accessible for people who are deaf, hard of hearing, late deafened, or deafblind.

The new language in the contract recommends that services be provided primarily by providers who can communicate directly with consumers by establishing relationships with these providers.

Resource Page

Resource

RECOMMENDED PRACTICES AND RESOURCE GUIDE Table of Contents

**Orientation and Recommended Practices
Basic Guidelines for Interacting With People Who
are Deaf, Hard of Hearing, Late Deafened, or
DeafBlind
Definitions**

Resource Sections

- Section 1: Orientation to Providing Services: Community and Communication
- Section 2: Specialized Services for People who are Deaf, Hard of Hearing, Late Deafened, or DeafBlind
- Section 3: Regional Deaf Services Program Memorandum of Agreement (TEMPLATE)
- Section 4: VDDHH Interpreter Services Contract and Interpreter Listing
- Section 5: Local Interpreter Service Providers or Agencies
- Section 6: DMHMRAS Interpreter Reimbursement Program
- Section 7: Technology Assistance, Equipment Loan, TTY Numbers, Assistive Listening Devices, and Communication Assessment
- Section 8: Sign Language and Interpreting Classes
- Section 9: Acute Care Inpatient Facilities, Deaf Services
- Section 10: VA Outreach Coordinators (VDDHH) (By Region)
- Section 11: VA Rehabilitation Counselors for the Deaf (DRS)
- Section 12: Appendices
- Appendix A: SFY 2002 Community Services Performance Contract Attachment 5.4.4: Access to Services for Individuals who are Deaf, Hard of Hearing, Late Deafened, or Deafblind
- Appendix B: Legal Rights
- Appendix C: Bibliography

Providing Services to
People who are Deaf, Hard of Hearing,
Late Deafened, and DeafBlind



RECOMMENDED PRACTICES AND RESOURCE GUIDE

Commonwealth of Virginia



Virginia Department of Mental Health, Mental
Retardation, and Substance Abuse Services

Edited by
Kathy McNeil, Ph.D., J.D., M.Ed., Policy Coordinator
Specialty in People who are Deaf, Hard of Hearing,
Late Deafened, and DeafBlind

Resource Explanation

RECOMMENDED PRACTICES AND RESOURCE GUIDE

In order to provide Community Services Boards with strategies to make services more accessible, a manual was developed that contains important guidelines and resources

(See column to the left).

This guide will be disseminated to all CSB Executive Directors, Mental Health, Substance Abuse, Mental Retardation Directors, Emergency Managers, Mental Health Facilities, and Training Centers in Virginia.

Special Projects Page

Special Project

PRESS RELEASE

Consumer and Family Involvement Projects for People who are Deaf or Hard of Hearing, Late Deafened or Deafblind

The Department of Mental Health, Mental Retardation and Substance Abuse Services has initiated six consumer and family involvement projects around the Commonwealth specifically for people who are deaf, hard of hearing, late deafened, or deafblind and who have a mental illness or substance abuse problem. The goal of the projects is to provide opportunities for discussion and interaction among consumers and family members about the needs and strengths of the individuals and their families. The Department wants to provide opportunities for people who are deaf and hard of hearing and their families to become more involved and knowledgeable about mental illness and substance abuse.

Each of the six regional programs received \$10,000 to initiate a local effort to provide mental health and substance abuse prevention education and training to individuals and their families. The program offices are located in Fairfax, Richmond, Staunton, Lebanon, Roanoke, and Hampton/Newport News. Each collaborative project will involve mental health providers, the centers for independent living, the local chapter of consumer and family groups, local chapters of deaf and hard of hearing consumer advocacy and support groups, and other service providers and local educators. The groups will work together to determine how they can best organize their efforts to help consumers and families in their regions.

The projects will provide education and training in mental health, substance abuse prevention, consumer leadership, and protection of human rights. Local mental health community groups and substance abuse prevention staff and trainers will be involved to assist in the development of these training opportunities.



Special Project Explanation

Consumer and Family Involvement Projects

Statewide Deaf Services received one-time funding (July, 2001-June, 2002) funding from the Department to initiate consumer and family education and dialogue on mental illness and substance abuse issues. This funding, as described in the Press Release (See column to the right), was allocated to the six regions to initiate these regional opportunities for consumer and family involvement.

Interested consumers and family members should contact their local Regional Coordinator to become involved.

In addition, the Department provided funding for two consumers to attend the Breakout Conference in North Carolina – April 4 – 6, 2002. The two consumers will represent Virginia and participate on a consumer panel to communicate about their experiences in Virginia.



Psychosocial rehabilitation (PSR) has been an important intervention model for deaf consumers of mental health services for the past forty years. Since the 1960's, PSR programs have addressed the needs of people recovering from mental illness by using community-based services and supports to help people live, learn, work and socialize in the environments of their choice. A continuum of accessible and community-based services must remain our focus today. Join us as BreakOut returns to its original roots: commu-

Breakout VII Conference Report **Randy Myers, Ph.D. State Coordinator**

Along with two deaf consumers from Virginia, I represented VA DMHMRSAS at the Breakout VII conference that was held in Raleigh, North Carolina, April 4-6, 2002.

Conference Highlights

Our consumer attendees, **Jake Wayman** from Hampton/Newport News and **Litisha Bazemore Hagedorn** from NoVA who received funding from the Office of Consumer Affairs, were recognized as they shared their experiences as consumers at the opening panel on April 4th;

The program featured keynotes from **Joel Slack** of Alabama who reported on his experiences as a consumer advocate and **Carol Schauer** from CMHS who presented on Practitioner-Consumer Alliances.

Our own **Dr. Barbara Haskins** of the Mental Health Center for the Deaf at WSH presented a *Psychotropic Medication Overview*. One particularly interesting presentation by **Louise Montoya**, entitled *ASL Translation Challenges and Strategies for a Psychiatric Diagnostic Interview and Video Taped Standardized Instruments* demonstrated extensive research and trials for providing practitioners with tools for assessing deaf consumers.

Finally, on Saturday, April 6, **Dr. Randy Myers** gave a presentation on VA DMHMRSAS Deaf Consumer and Family Involvement Project entitled *Innovative Non-Traditional Approaches: Empowering Deaf Consumers*.

Dr. Myers also attended several evening meetings with State Coordinators from other states including South Carolina, North Carolina, Maryland, Missouri, Maine, and several other representatives from states that have no State Coordinator, including Alabama, Utah, and Pennsylvania. The group discussed a range of common issues, including technology, relationship with NASMHPD, seclusion and restraint, and interpreting services. The group discussed where the next conference should take place in 2004. Possibilities included the State of Washington or Virginia in coordination with representatives from Maryland and Pennsylvania. A 2004 Breakout Conference in Virginia would include a Consumer Track and speakers addressing Evidence-Based Practices.

BUILDING RAPPORT

Sign Language Interpreters & Substance Abuse Counselors in the Substance Abuse Setting

Friday, May 17, 2002

8:30 a.m.- 4:30 p.m.

Training Report

The Department's second initiative to improve substance abuse services to people who are deaf, hard of hearing, late deafened, or deafblind in Virginia, addressed skill building and improving relationships between interpreters and substance abuse counselors. The first phase of training involved training Regional Coordinators on how to assess their client substance abuse problems. This second training assembled a team of three nationally-known interpreter trainers, **Robyn Dean**, CI/CT from Rochester, New York, **Mark Alan English**, CI from Minneapolis, Minnesota, and **Robert Pollard**, Ph.D. also from Rochester, NY to present state-of-the-art approaches to working in the substance abuse setting. The training was arranged as a pre-conference training event for the **Virginia Registry of Interpreters for the Deaf (VRID) - Virginia Association of the Deaf (VAD) - Virginia Association for the DeafBlind (VADB) Unity Conference** held in Norfolk, VA. **Robert L. Johnson, Director**, Office of Substance Abuse at DMHMRSAS provided some welcoming comments and an informative description of the Substance Abuse Service Delivery System in Virginia. Fifteen substance abuse counselors from various community services boards and 26 certified interpreters attended statewide.

Three innovations were implemented for this training: First, the training was telecast, via Polycom, to three sites statewide (**Western State Hospital** in Staunton, VA, **Northern Virginia Training Center** in Fairfax, VA, and the **Central Office of DMHMRSAS** in Richmond, VA) from the live site at **Tidewater Community College** in Norfolk, Virginia. Colleagues

Second, since interpreters do not work in isolation, **Substance Abuse Counselors** from **Community Services Boards** and in **private practice** were also invited to participate to train alongside highly qualified **interpreters** to learn about how they might improve their work together in the substance abuse setting.

Finally, **Ms. Dean**, **Mr. English**, and **Dr. Pollard**, using slides, movie clips, and group exercises provided a rich and intense day-long training addressing the environmental and interpersonal demands of interpreting in the substance abuse setting by applying Karasek's Demand-Control theory. Interpreters often feel bound by their Code of Ethics that preclude possible actions they may take to support communication and cultural exchange in interactions between consumers and providers of services.

Materials and proceedings of the training will be available upon request.